

CHANGE OF CORRESPONDENCE ADDRESS Application	Application Number Filing Date First Named Inventor Art Unit Examiner Name Attorney Docket Number	10/823,052 April 13, 2004 Nir Corse 2817 James E. Goodley CM05224EI
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Address to:
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Please change the Correspondence Address for the above-identified application to:

☒ The address associated with Customer Number 24273

OR

☐ Firm or Individual Name Motorola, Inc.

Address 8000 West Sunrise Boulevard

Address Law Department - MD 1610

City Plantation

State Florida Zip 33322

Country United States

Telephone 954-723-6449 Fax 954-723-3871

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I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ Attorney or agent of record. Registration Number: 39,505

☐ Registered practitioner named in the application transmittal letter in an Application without an executed oath or declaration. See 37 CFR 1.33 (a)(1).
 Registration Number _____

Signature /Barbara R. Doutre/

Typed or Printed Name Barbara R. Doutre

Date October 4, 2006 Telephone 954-723-6449

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.